U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2. Fiscal Year Covered From:	
1/1/04 Through: 12/31/	14
3. Name and address of person filing. 4. Name, file number, and address of labor organization.	
Name FRANCISCO MAGAÑA Name SHEET METAL WORKESOS LI	ca _l io
Labor Organization File Number 542- 11	
P.O. Box, Bldg., Room No., if any	
Street 2120 Auto CENTER DR Street 2120 Auto CENTER DR	
City GLENOGRA City GLENOGRA	
State (AL)F. ZIP Code + 4 917 90 State (AL)F ZIP Code + 4 917	90
5. Position in labor organization. DUSINESS REPRESENTATIVE	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
e Commen	7.b. Amount.
Street	
City	
State ZIP Code + 4	· · · · · · · · · · · · · · · · · · ·

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On <u>19</u>70.

909-308-2800

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name SHEET METAL WORKERS TRUST file	a. Labor Organization
Trade Name, if any:	b, Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City MANHATTAN PEACH.	-
State CAL) = ZIP Code + 4 TOAL 7 = \$\int\{\frac{1}{2}}\{\frac{1}{2}}	7
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
	TRUSTEE OF PENSION AND
Name	11.64 1 CT O1 - 140 C
Trade Name, if any:	HEALTH + WELFARE FONDS
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	POUGRTERLY MEETING BURNEMENT OF REIMBURNEMENT
	MEALS PROVIDED
	12.b. Amount.
O. P	r nate A and R above)
C. Received from any employer (other than an employer covered unde	i haire vi and p apove)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name SHEKT METAL WOKKER'S TRUST FINE Trade Name, if any: P.O. Box, Bldg., Room No., if any P. D. Box 10067 Street City MANHATTAN SEACH State CALIF. ZIP Code + 4 9 CAL7-Sit	a. Labor Organization b. Trust c. Employer	·
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRULTEE OF PENSI HEALTIN' WELFARE	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ACCURATERLY MEET COST OF AE IMBH MEALS PROVIDED	ING KEMENI L SEME NT
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money o	12.b. Amount.	54.08

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name SHEET METAL WORKER'S TRUST SHA	a. Labor Organization
Trade Name, if any:	b, Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City MANHATTAN BEACH State CALIF. ZIP Code + 4 9 CALIF- 856	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE OF PENSION AND
Trade Name, if any:	HEALTH + WELFARE FUNDS
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	OUARTERLY MEETING COST OF RE-IMBURSEMENT
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	MEALS PROVIDED
	12.b. Amount. 1030.03
C. Received from any employer (other than an employer covered under	r parts A and B above)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bidg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

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EALTH & WELFARE FUNDS
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MEALS PROVIDED
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or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
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ZIP Code + 4

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8. Name and address of Business (including trade name, if any). Name SHEET METAL WUKKERS IRVST III Trade Name, if any: P.O. Box, Bldg., Room No., if any P.D. Box 10067 Street City MANISATTAN BEACH State CALIF. ZIP Code + 4 9 (A) 7-85	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUSTEE OF PENSIGN AND HEALTH * WELFARE FUNDS 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. THTERNATIONAL FOUNDATION OF ENCLOSEE DENEFITS FLAM CONFERENCE COST OF NEW MOURSEMENT	
	12.b. Amount. 3, 2 0 8	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.	

14.b. Amount of payment.

13.b. Is the Business an Employer

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8. Name and address of Business (including trade name, if any). Name State CALLE SHEET (ASA). Trade Name, if any: State CALLE SHEET (ASA). City CALLE SHEET (ASA). ZIP Code + 4 9 17 4 6. 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	TRUSTEE OF JATO 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. COMPLETION CEREMONIES MEAL PROVIDED LE-IMBURSEMENT COST	
	12.b. Amount.	
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Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
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City		
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name \$\int()\) \(\begin{align*} \lambda ali	11.a. Nature of such dealing. ZUVEST/MENT // ANABER FOR TRUST FUNCS 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. MEALS // ANNIVED	
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Street City State ZIP Code + 4		

14.b. Amount of payment.

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or Consultant